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DATE: October 31, 2006

PTO IDENTIFIER: Application Number 10/759,841-Conf. #8757

Patent Number

Inventor: Michael W. Graham et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PATTON BOGGS LLP

Kellie L. Carden

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Attorney Dkt. #: 023004.0104N3US

PAGES (Including Cover Sheet): 24

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Fee Transmittal (1 page)
Response to Restriction Requirement and Preliminary Amendment (18 pages)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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PTO/SB/97 (09-04)

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Application No. (If known): 10/759,841

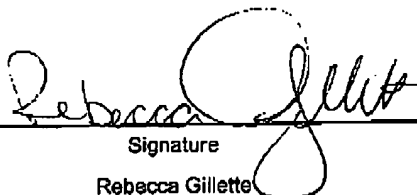
Attorney Docket No.: 023004.0104N3US

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Certificate of Transmission (1 page)

Amendment Transmittal (1 page)

Fee Transmittal (1 page)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 023004.0104N3US	
Application No. 10/759,841-Conf. #8757	Filing Date January 15, 2004	Examiner B. A. Whiteman	Art Unit 1635		
Applicant(s): Michael W. Graham et al.					
Invention: SYNTHETIC GENES AND GENETIC CONSTRUCTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	60	- 49 =	11	x 50.00	550.00
Independent Claims	2	- 4 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,000.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>50-2228</u> in the amount of \$ _____.					
A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2228</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Kellie L. Carden</u> Kellie L. Carden Attorney/Agent Reg. No.: 52,696 PATTON BOGGS LLP 8484 Westpark Drive, 9th Floor McLean, Virginia 22102 (703) 744-7919				Dated: <u>October 31, 2006</u>	

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OCT 31 2006

PTO/SB/17 (07-06)

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</p> <p>FEE TRANSMITTAL For FY 2005</p>		<p>Complete if Known</p>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/759,841-Conf. #8757	
		Filing Date	January 15, 2004	
		First Named Inventor	Michael W. Graham	
		Examiner Name	B. A. Whiteman	
		Art Unit	1635	
TOTAL AMOUNT OF PAYMENT	(\$)	1,000.00	Attorney Docket No.	023004.0104N3US

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 50-2228 Deposit Account Name: Patton Boggs LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	300	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 60 - 134 11 x 50 = 550.00 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 2 - 8 0 x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Other (e.g., late filing surcharge):	Fee Paid (\$)
2252 Extension for response within second month	450.00

SUBMITTED BY			
Signature	<u>Kellie L. Carden</u>	Registration No. (Attorney/Agent)	52,696
Name (Print/Type)	Kellie L. Carden	Telephone	(703) 744-7919
		Date	October 31, 2006

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